SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature C. Signature C. Signature C. Agent
1. Article Addressed to:	D. Is delivery address different from item 1?
Court of Common Pleas of PIlegrany County, PA 300 Frick Pailding	
137 Gast 9	3. Service Type To Certified Mail
ritopoligira 10an	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 78ul 5213	1 5213
PS Form 3811, July 1999 Domestic Ret	Domestic Return Receipt OHCVHOITG 102595-00-M-0952